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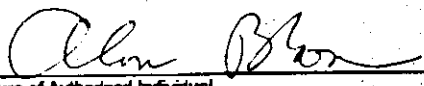

FORM 1. VOLUNTARY PETITION

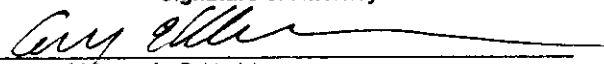
(Official Form 1) (9/97)

FORM B1 United States Bankruptcy Court CENTRAL District of CALIFORNIA				VOLUNTARY PETITION	
Name of Debtor (if individual, enter Last, First, Middle): MAXICARE			Name of Joint Debtor (Spouse) (Last, First, Middle): N/A		
All Other Names used by the Debtor in the last 6 years (Include married, maiden and trade names): HEALTHCARE ALTERNATIVES (dba)			All Other Names used by the Joint Debtor in the last 6 years (Include married, maiden and trade names): N/A		
Soc. Sec./Tax I.D. No. (If more than one, state all): 95-2786563			Soc. Sec./Tax I.D. No. (If more than one, state all): N/A		
Street Address of Debtor (No. & Street, City, State & Zip Code): 1149 S. Broadway Los Angeles, CA 90015			Street Address of Joint Debtor (No. & Street, City, State & Zip Code): N/A		
County of Residence or of the Principal Place of Business:		Los Angeles		County Of Residence or of the Principal Place of Business:	
N/A					
Mailing Address of Debtor (If different from street address): Same As Above			Mailing Address of Joint Debtor (If different from street address): N/A		
Location of Principal Assets of Business Debtor (If different from street address listed above):					
Information Regarding the Debtor (Check the Applicable Boxes)					
Venue (Check any applicable box) <input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. <input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.					
Type Of Debtor (Check all boxes that apply) <input type="checkbox"/> Individual(s) <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other _____			<input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker		
<input type="checkbox"/> Consumer/Non-Business <input checked="" type="checkbox"/> Business			Chapter or Section of Bankruptcy Code Under Which the Petition is Filed (Check one box) <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Sec. 304 - Case ancillary to foreign proceeding		
<input type="checkbox"/> Chapter 11 Small Business (Check all boxes that apply) <input type="checkbox"/> Debtor is a small business as defined in 11 U.S.C. § 101 <input type="checkbox"/> Debtor is and elects to be considered a small business under 11 U.S.C. § 1121(e) (Optional)			<input checked="" type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13		
Statistical/Administrative Information (Estimates only) <input checked="" type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.			Filing Fee (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments. (Applicable to individuals only.) Must attach signed certification for the court's consideration certifying that the Rule 1006(b).		
Estimated Number of Creditors			05/25/2001 **FILED** 10:40 LA01-26446VZ		
Estimated Assets			DEBTOR: MAXICARE JUDGE: HON. V. Zurzolo - 467 TRUSTEE: CH: 11 (INCOMPLETE) 341A MTG: ADR:		
Estimated Debts			CLERK, U.S. BANKRUPTCY COURT CENTRAL DISTRICT OF CALIF. ID: 708 RECEIPT NO: LA-020902 \$ 830.00		

Voluntary Petition <i>(This page must be completed and filed in every case)</i>		Name of Debtor(s) FORM B1, Page 2	
Prior Bankruptcy Case Filed Within Last 6 Years (If more than one, attach additional sheet)			
Location Where Filed: NONE	Case Number:	Date Filed:	
Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor (If more than one, attach additional sheet)			
Name of Debtor: SEE ATTACHED RIDER	Case Number:	Date Filed:	
District:	Relationship:	Judge:	

Signatures

<p style="text-align: center;">Signature(s) of Debtor(s) (Individual/Joint)</p> <p>I declare under penalty of perjury that the information provided in this petition is true and correct.</p> <p>(If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7) I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.</p> <p>I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.</p> <p>X <u>N/A</u> Signature of Debtor</p> <p>_____ Signature of Joint Debtor</p> <p>_____ Telephone Number (if not represented by attorney)</p> <p>_____ Date</p>	<p style="text-align: center;">Signature of Debtor (Corporation/Partnership)</p> <p>I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.</p> <p>The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.</p> <p>X <u></u> Signature of Authorized Individual</p> <p>ALAN BLOOM Printed Name of Authorized Individual</p> <p>General Counsel and Corporate Secretary, Medicare Title of Authorized Individual</p> <p>May <u>16</u>, 2001 Date</p>
<p style="text-align: center;">Signature of Attorney</p> <p>X <u></u> Signature of Attorney for Debtor(s)</p> <p>_____ Printed Name of Attorney for Debtor(s)</p> <p>GARY E. KLAUSNER (CA State Bar #69077), Member STUTMAN, TREISTER & GLATT PROFESSIONAL CORPORATION 3889 Wilshire Boulevard, Ninth Floor Los Angeles, California 90010 Tel: (213) 251-5100/Fax: 213/251-5288</p> <p><u>5-16-01</u> Date</p>	<p style="text-align: center;">Signature of Non-Attorney Petition Preparer</p> <p>I certify that I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110, that I prepared this document for compensation, and that I have provided the debtor with a copy of this document.</p> <p><u>N/A</u> Printed Name of Bankruptcy Petition Preparer</p> <p>_____ Social Security Number</p> <p>_____ Address</p> <p>_____ Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document.</p> <p>If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.</p> <p>X <u>N/A</u> Signature of Authorized Individual</p> <p>_____ Date</p> <p>A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy procedure may result in fines or imprisonment or both 11 U.S.C. § 110; 18 U.S.C. § 156.</p>
<p style="text-align: center;">Exhibit A</p> <p>(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11)</p> <p>XX <u>Exhibit is attached.</u></p>	
<p style="text-align: center;">Exhibit B</p> <p>(To be completed if debtor is an individual whose debts are primarily consumer debts)</p> <p>I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that (he or she) may proceed under chapter 7, 11, 12, 13 of title 11, United States Code, and have explained the relief available under each such chapter.</p> <p>X <u>N/A</u> Signature of Attorney for Debtor(s) Date</p>	

Voluntary Petition <i>(This page must be completed and filed in every case)</i>		Name of Debtor(s) FORM B1, Page 2	
Prior Bankruptcy Case Filed Within Last 6 Years (If more than one, attach additional sheet)			
Location NONE Where Filed:	Case Number:	Date Filed:	
Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor (If more than one, attach additional sheet)			
Name of Debtor: <div style="text-align: center;">SEE ATTACHED RIDER</div>	Case Number:	Date Filed:	
District:	Relationship:	Judge:	
Signatures			
Signature(s) of Debtor(s) (Individual/Joint) I declare under penalty of perjury that the information provided in this petition is true and correct. [If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. X <u>N/A</u> Signature of Debtor _____ Signature of Joint Debtor _____ Telephone Number (if not represented by attorney) _____ Date _____		Signature of Debtor (Corporation/Partnership) I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor. The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition. X _____ Signature of Authorized Individual ALAN BLOOM Printed Name of Authorized Individual General Counsel and Corporate Secretary, Maxicare Title of Authorized Individual May __, 2001 Date	
Signature of Attorney X <u></u> Signature of Attorney for Debtor(s) _____ Printed Name of Attorney for Debtor(s) GARY E. KLAUSNER (CA State Bar #69077), Member STUTMAN, TREISTER & GLATT PROFESSIONAL CORPORATION 3699 Wilshire Boulevard, Ninth Floor Los Angeles, California 90010 Tel: (213) 251-5100/Fax: 213/251-5288 <div style="text-align: right;">5-16-01</div> Date _____		Signature of Non-Attorney Petition Preparer I certify that I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110, that I prepared this document for compensation, and that I have provided the debtor with a copy of this document. <u>N/A</u> Printed Name of Bankruptcy Petition Preparer _____ Social Security Number _____ Address _____ Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document. If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person. X <u>N/A</u> Signature of Authorized Individual _____ Date _____	
Exhibit A (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11) XX Exhibit is attached.		Exhibit B (To be completed if debtor is an individual whose debts are primarily consumer debts) I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, 13 of title 11, United States Code, and have explained the relief available under each such chapter. X <u>N/A</u> Signature of Attorney for Debtor(s) Date _____	
A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy procedure may result in fines or imprisonment or both 11 U.S.C. § 110; 18 U.S.C. § 156.			

RIDER

Following the filing of a chapter 11 petition on March 15, 1989 by Family Health Services, Inc., which was doing business in Orange County, Maxicare, along with its Parent, Maxicare Health Plan, Inc., and 43 affiliates also filed chapter 11 petitions on March 15, 1989. Two additional entities filed chapter 11 petitions on April 21, 1989. The cases (Case Nos. SA 89-01550-JW through SA 89-01594-JW, inclusive, and Case No. SA 89-02535-JW and Case No. SA 89-02536-JW) ("Bankruptcy Cases") on behalf of the filed companies (the "Debtors") were jointly administered under Case No. SA 89-01549-JW. A Joint Plan of Reorganization for the Debtors was confirmed and became effective on December 5, 1990. The Bankruptcy Cases, except for Case No. SA 89-01583-JW (Penn Health Corporation) which is still open, were closed pursuant to an order of the Bankruptcy Court entered on January 13, 1998. The current filing Debtor, Maxicare, has its principal place of business at 1149 S. Broadway, Los Angeles, California 90015.

**CERTIFICATE OF SECRETARY
OF RESOLUTION OF BOARD OF DIRECTORS
OF MAXICARE, A CALIFORNIA CORPORATION,
AUTHORIZING FILING OF PETITION
UNDER CHAPTER 11 OF THE BANKRUPTCY CODE**

I, ALAN BLOOM, do hereby certify:

1. That I am the duly elected and acting Secretary of Maxicare, a California corporation ("this Company").

2. That at a special meeting of the Board of Directors duly held on May 14, 2001, the following resolutions were duly enacted, and the same remain in full force and effect, without modifications as of the date hereof:

RESOLVED, that the President of this Company be and he is hereby authorized to determine, based upon subsequent events, and advice of counsel, whether it is desirable and in the best interests of this Company, its creditors, stockholders and other interested parties, that a petition be filed by this Company under the provisions of chapter 11 of the Bankruptcy Code.

FURTHER RESOLVED, that, if the President of this Company shall make such a determination, that a petition under said chapter 11 shall be filed as submitted by the President or any other officer of this Company and the same hereby is approved and adopted in all respects, and each of said officers is hereby authorized and directed, on behalf of and in the name of this Company, to execute and verify such petition and to cause the same to be filed with the United States Bankruptcy Court, Central District of California.

FURTHER RESOLVED, that the President or any other officer of this Company be, and each of said officers hereby is, authorized to execute and file all petitions, schedules, lists and other papers and to take any and all action which the President of this Company shall deem necessary and proper in connection with such proceedings under said chapter 11 and in that connection to retain and employ all assistance by legal counsel or otherwise which he may deem necessary and proper with a view to the successful termination of such proceedings.

FURTHER RESOLVED, that the firm of Stutman, Treister & Glatt Professional Corporation be, and it hereby is, retained as attorneys for this Company in connection with the institution and maintaining of such proceedings.



ALAN BLOOM, Secretary

**UNITED STATES BANKRUPTCY COURT
CENTRAL DISTRICT OF CALIFORNIA**

In re

Case No. **

MAXICARE

Chapter 11

Debtor.

**LIST OF CREDITORS HOLDING
20 LARGEST UNSECURED CLAIMS**

Following is a list of the debtor's creditors holding the 20 largest unsecured claims. This list is prepared in accordance with Fed. R. Bankr. P. 1007(d) for filing in this chapter 11 case. The list does not include (1) those persons who come within the definition of "insider" set forth in 11 U.S.C. § 101, or (2) secured creditors unless the value of the collateral is such that the unsecured deficiency places the creditor among the holders of the 20 largest unsecured claims.

LEGEND

- (1) Name of Creditor and complete mailing address including zip code
- (2) Name, telephone number and complete mailing address, including zip code, of employee, agent or department of Creditor familiar with claim who may be contacted
- (3) Nature of claim (trade debt, bank loan, government contract, etc.)
- (4) Indicate if claim is contingent, unliquidated, disputed or subject to setoff
- (5) Amount of claim (if secured, also state value of security)

Note re: (4) above The following information is based upon a review of the debtor's books and records. However, no comprehensive legal and/or factual investigations with regard to possible defenses or counterclaims to the below-listed claims have been completed. Therefore, this listing does not and should not be deemed to constitute: (1) a waiver of any defense, counterclaim or offset to the below-listed claims; (2) an acknowledgment of the allowability of any of the below-listed claims; and/or (3) a waiver of any other right or legal position of the debtor.

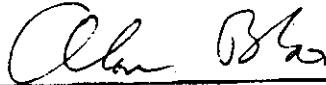
RESPONSES ARE NUMBERED TO CORRESPOND TO SUBPARTS 1-5 OF LEGEND ABOVE

**DECLARATION UNDER PENALTY OF PERJURY
ON BEHALF OF A CORPORATION**

The undersigned, a duly authorized officer of the corporation named as debtor in this case, declares under penalty of perjury that he has read the foregoing List of Creditors Holding 20 Largest Unsecured Claims, and that it is true and correct to the best of his information and belief.

DATED: May __, 2001

By:


ALAN BLOOM
General Counsel and Corporate
Secretary, Maxicare

303493v1

P.10

May 14 '01 21:15

Fax: 213-251-5288

STUTMAN TREISTER

In re

Maxicare

Case No. _____

Debtor

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS
(Continuation Sheet)

Name of creditor and complete mailing address, including zip code	Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted	Nature of claim (trade debt, bank loan, government contract, etc.)	Indicate if claim is contingent, unliquidated, disputed, or subject to setoff	Amount of claim [if secured, also state value of security]
Cedar's Sinai 11600 Indian Hills #307 Mission Hills, CA 91345		Claims expense		\$ 935,627.70
Employee Health Systems Med 3131 Santa Anita Ave., #104 El Monte, CA 91733	Peter Winston Employee Health Systems 3131 Santa Anita Ave., #104 El Monte, CA 91733 (562) 575-1997	Claims expense		\$ 816,382.49
Health Care Partners Med Group 19191 South Vermont, 2nd floor Torrance, CA 90502	Ted Halkais 19191 South Vermont, 2nd floor Torrance, CA 90502	Claims expense		\$ 513,118.82
Torrance Mem. Hospital 3330 Lomita Blvd. Torrance, CA 90505	Linda Nordenstam Torrance Mem. Hospital Med 3330 Lomita Blvd. Torrance, CA 90505	Claims expense		\$ 512,652.94
Loma Linda University Med 11234 Anderson Street Loma Linda, CA 92354	Ken Stream, Esquire Stream & Stream 4201 Brockton Ave. #200 Riverside, CA 92501 (909) 276-8444	Claims expense		\$ 441,425.95
La Vida Med Group & IPA 4161 Redondo Beach Blvd. Lawndale, CA 90260	Ronald Brandt La Vida Med Group & IPA 4161 Redondo Beach Blvd. Lawndale, CA 90260	Claims expense		\$ 286,909.14

In re Maxicare

Case No. _____

Debtor

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS
(Continuation Sheet)

Name of creditor and complete mailing address, including zip code	Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted	Nature of claim (trade debt, bank loan, government contract, etc.)	Indicate if claim is contingent, unliquidated, disputed, or subject to setoff	Amount of claim [if secured, also state value of security]
Brotman Medical 16030 Ventura Blvd. #200 Encino, CA 91436	Gary Miller SOS - Tenet 3 Imperial Promenade Suite 1100 Santa Ana, CA 92707 (714) 428-6500	Claims expense		\$ 283,781.74
River City Med. Group 3 Park Center Drive, #200 Sacramento, CA 95825	Sy Ting River City Med. Group 3 Park Center Drive, #200 Sacramento, CA 95825	Claims expense		\$ 260,230.05
Allied Physicians of CA 1680 S. Garfield Ave., #201 Alhambra, CA 91801		Claims expense		\$ 260,197.04
Hoag Memorial Hospital P.O. Box 6100 Newport Beach, CA 92658	Elliot Kuida Hoag Memorial Hospital P.O. Box 6100 Newport Beach, CA 92658	Claims expense		\$ 236,931.46
Centinela Valley Hospital 16030 Ventura Blvd. #200 Encino, CA 91436	Gary Miller SOS - Tenet 3 Imperial Promenade Suite 1100 Santa Ana, CA 92707 (714) 428-6500	Claims expense		\$ 203,083.65
Glendale Adventist 381 B Merrill Ave. 2nd floor Glendale CA 91206		Claims expense		\$ 197,822.10

In re

Maxicare

Debtor

Case No.

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS
(Continuation Sheet)

Name of creditor and complete mailing address, including zip code	Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted	Nature of claim (trade debt, bank loan, government contract, etc.)	Indicate if claim is contingent, unliquidated, disputed, or subject to setoff	Amount of claim [if secured, also state value of security]
Childrens Hospital 4650 Sunset Blvd. Los Angeles, CA 90027		Claims expense		\$ 197,292.90
Whittier Hospital 16030 Ventura Blvd., #200 Encino, CA 91436	Gary Miller SOS - Tenet 3 Imperial Promenade Suite 1100 Santa Ana, CA 92707	Claims expense		\$ 193,188.10
United Western Medical P.O. Box 10238 Santa Ana, CA 92711		Claims expense		\$ 193,101.30
Facey Medical Foundation 11165 Sepulveda Blvd. Mission Hills, CA 91345	Fred Nelson Facey Medical Foundation 11165 Sepulveda Blvd. Mission Hills, CA 91345	Claims expense		\$ 178,883.15
Catholic Healthcare 3630 Imperial Hwy. Lynwood, CA 90262		Claims expense		\$ 178,679.55
Managed Health Network 1600 Los Gatos Drive, #300 San Rafael, CA 94903	Steve McGroan Managed Health Network 1600 Los Gatos Drive, #300 San Rafael, CA 94903 (323) 298-4055	Claims expense		\$ 170,848.54

In re

Maxicare

Case No. _____

Debtor

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS
(Continuation Sheet)

Name of creditor and complete mailing address, including zip code	Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted	Nature of claim (trade debt, bank loan, government contract, etc.)	Indicate if claim is contingent, unliquidated, disputed, or subject to setoff	Amount of claim [if secured, also state value of security]
So. Cal. Family Med Group 3780 Kilroy Airport Way, #200 Long Beach, CA 90806		Claims expense		\$ 167,180.65
Huntington - East Valley 150 W. Alosta Ave. Glendora, CA 91740		Claims expense		\$ 164,399.90

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the Secretary of ~~the~~ Maxicare named as the debtor in this case, declare under penalty of perjury that I have read the foregoing List of Creditors Holding 20 Largest Unsecured Claims and that it is true and correct to the best of my information and belief.

Date

5/14/01

Signature

[Signature]

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C §§ 152 and 3571.

**UNITED STATES BANKRUPTCY COURT
CENTRAL DISTRICT OF CALIFORNIA**

In re

MAXICARE

Debtor.

Case No.

Chapter 11

INFORMATION REQUIRED BY LOCAL BANKRUPTCY RULE 1015-2(2)(b)

1. A petition under the Bankruptcy Act of 1898 or the Bankruptcy Reform Act of 1978 has previously been filed by or against the debtor, his/her spouse, an affiliate of the debtor, any co-partnership or joint venture of which the debtor is or formerly was a general or limited partner, or member or any corporation of which the debtor is a director, officer, or person in control, as follows: (Set forth the complete number and title of such prior proceeding, date filed, nature thereof, the Bankruptcy Judge and Court to whom assigned, whether still pending and, if not, the disposition thereof. If none, so indicate.)

None

2. (If petitioner is a partnership or joint venture) A petition under the Bankruptcy Act of 1898 or the Bankruptcy Reform Act of 1978 has previously been filed by or against the debtor or an affiliate of the debtor, or a general partner in the debtor, a relative of the general partner, general partner of, or person in control of the debtor, partnership in which the debtor is a general partner, general partner of the debtor, or person in control of the debtor as follows: (Set forth the complete number and title of such prior proceeding, date filed, nature of the proceeding, the Bankruptcy Judge and Court to whom assigned, whether still pending and, if not, the disposition thereof. If none, so indicate.)

Not Applicable

3. (If petitioner is a corporation) A petition under the Bankruptcy Act of 1898 or the Bankruptcy Act of 1978 has previously been filed by or against the debtor, or any of its affiliates or subsidiaries, a director of the debtor, an officer of the debtor, a person in control of the debtor, a partnership in which the debtor is general partner, a general partner of the debtor, a relative of the general partner, director, officer, or person in control of the debtor, or any persons, firms or corporations owning 20% or more of its voting stock as follows: (Set forth the complete number and title of such prior proceeding, date filed, nature of proceeding, the Bankruptcy Judge and court to whom assigned, whether still pending, and if not, the disposition thereof. If none, so indicate.)


See attached Rider

4. (If petitioner is an individual) A petition under the Bankruptcy Reform Act, including amendments thereof, has been filed by or against the debtor within the last 180 days: (Set forth the complete number and title of such prior proceeding, date filed, nature of proceeding, the Bankruptcy Judge and court to whom assigned, whether still pending, and if not, the disposition thereof. If none, so indicate.)

Not Applicable

The undersigned, a duly authorized officer of the corporation named as Debtor herein, declares under penalty of perjury that the foregoing is true and correct.

Executed this ____ day of May, 2001, at


ALAN BLOOM, General Counsel and
Corporate Secretary, Maxicare

1 GARY E. KLAUSNER (State Bar No. 69077), Member of
2 STUTMAN, TREISTER & GLATT
3 PROFESSIONAL CORPORATION
3699 Wilshire Boulevard, Ninth Floor
Los Angeles, California 90010

4 Tel: (213) 251-5100
5 Fax: (213) 251-5288

6 [Proposed] Reorganization Counsel for
Debtor and Debtor in Possession

7 Debtor's Mailing Address:
8 1149 So. Broadway
Los Angeles, CA 90015

10 **UNITED STATES BANKRUPTCY COURT**
11 **CENTRAL DISTRICT OF CALIFORNIA**

13 In re

14 MAXICARE,

16 Debtor.

) Case No.

) Chapter 11

) **VERIFICATION OF CREDITOR**
) **MATRIX**


) [No Hearing Required]

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21 The undersigned, a duly authorized officer of the corporation named as Debtor in
22 this case, hereby certifies under penalty of perjury that the attached Master Mailing List of
23 creditors, consisting of six (6) sheets is complete, correct and consistent with the Debtor's
24 schedules to be filed pursuant to Local Bankruptcy Rule 1007-2 and the Debtor assumes all
25 responsibility for errors and omissions.

26 The information contained herein is based upon an initial review of the Debtor's
27 books and records and is subject to amendment based upon a continuation of that review.
28 However, no comprehensive legal and/or factual investigations with regard to possible defenses

1 to any claims set forth in this document have been completed. Therefore, this listing does not
2 and should not be deemed to constitute: (1) a waiver of any defense to any below-listed claims;
3 (2) an acknowledgment of the allowability of any below-listed claims; and/or (3) a waiver of any
4 other right or legal position of the Debtor.

5 Executed this ____ day of May, 2001 at Los Angeles, California.

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8 
9 ALAN BLOOM, General Counsel
10 and Corporate Secretary, Maxicare

11
12 Submitted by:

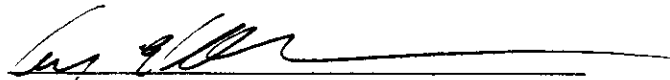
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15 GARY E. KLAUSNER, Member of
16 STUTMAN, TREISTER & GLATT
17 PROFESSIONAL CORPORATION
18 [Proposed] Reorganization Counsel for
19 Debtor and Debtor in Possession
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2 and should not be deemed to constitute: (1) a waiver of any defense to any below-listed claims;
3 (2) an acknowledgment of the allowability of any below-listed claims; and/or (3) a waiver of any
4 other right or legal position of the Debtor.

5 Executed this ____ day of May, 2001 at Los Angeles, California.

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10 ALAN BLOOM, General Counsel
and Corporate Secretary, Maxicare

11
12 Submitted by:

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15 GARY E. KLAUSNER, Member of
16 STUTMAN, TREISTER & GLATT
PROFESSIONAL CORPORATION
17 [Proposed] Reorganization Counsel for
Debtor and Debtor in Possession
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MAXICARE
ATTN ALAN BLOOM
1149 SO BROADWAY
LOS ANGELES, CA 90015

STUTMAN TREISTER & GLATT PC
ATTN GARY E. KLAUSNER, ESQ
3699 WILSHIRE BLVD SUITE 900
LOS ANGELES, CA 90010

OFFICE OF THE U S TRUSTEE
221 NORTH FIGUEROA ST SUITE 800
LOS ANGELES, CA 90012

ATTORNEY GENERALS OFFICE
10TH AND CONSTITUTION NW
WASHINGTON, DC 20530

CITY OF LOS ANGELES
CITY ATTORNEYS OFFICE
200 W MAIN STREET
LOS ANGELES, CA 90053

LOS ANGELES CITY CLERK
TAX PERMIT DIVISION
200 N MAIN STRET
LOS ANGELES, CA 90012

COUNTY OF LOS ANGELES
TAX COLLECTOR
2615 S GRAND AVENUE
LOS ANGELES, CA 90007

CA SECRETARY OF STATE
1500 11TH STREET
SACRAMENTO, CA 95814

DEPT OF JUSTICE STATE OF CA
OFFICE OF ATTY GENERAL
1300 I STREET 11T6H FL
SACRAMENTO, CA 95814

I R S SPEC PROC BRANCH
ROOM 4062 FED BLDG MAIL STOP 5022
300 N LOS ANGELES STREET
LOS ANGELES, CA 90053

DISPL WORKER UNIT JOB TRAINING
EMPLOYMENT DEVELOPMENT DEPT
800 CAPITOL MALL M I C 69
SACRAMENTO, CA 95814

EMPLOYMENT DEV DEPT
P O BOX 826846
SACRAMENTO, CA 94246-0001

E P A ENFORCEMENT DIV
ATTN MARLA DIAMOND ESQ
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E P A
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FRANCHISE TAX BOARD
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SECURITIES AND EXCHANGE COMMISSION
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MISSION HILLS, CA 91345

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3131 SANTA ANITA AVE., #104
EL MONTE, CA 91733

HEALTH CARE PARTNERS MED GROUP
19191 SOUTH VERMONT, 2ND FLOOR
TORRANCE, CA 90502

TORRANCE MEM. HOSPITAL
3330 LOMITA BLVD.
TORRANCE, CA 90505

LOMA LINDA UNIVERSITY MED
11234 ANDERSON STREET
LOMA LINDA, CA 92354

LA VIDA MED GROUP & IPA
4161 REDONDO BEACH BLVD.
LAWNDALE, CA 90260

BROTMAN MEDICAL
16030 VENTURA BLVD., #200
ENCINO, CA 91436

RIVER CITY MED. GROUP
3 PARK CENTER DRIVE, #200
SACRAMENTO, CA 95825

ALLIED PHYSICIANS OF CA
1680 S. GARFIELD AVE., #201
ALHAMBRA, CA 91801

HOAG MEMORIAL HOSPITAL
P.O. BOX 6100
NEWPORT BEACH, CA 92658

CENTINELA VALLEY HOSPITAL
16030 VENTURA BLVD., #200
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GLENDALE ADVENTIST
381 B MERILL AVE., 2ND FLOOR
GLENDALE, CA 91206

CHILDRENS HOSPITAL
4650 SUNSET BLVD.
LOS ANGELES, CA 90027

WHITTIER HOSPITAL
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UNITED WESTERN MEDICAL
P.O. BOX 10238
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FACEY MEDICAL FOUNDATION
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LYNDWOOD, CA 90262

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